

Spencer County Plan Commission
Third Floor, Court House
ROCKPORT, INDIANA 47635
Telephone 649-6010

Theresa Cail
Administrator

649-6010
fax 649-6481

INSTRUCTIONS FOR PREPARING APPLICATION FOR A
VARIANCE

THE FOLLOWING INFORMATION MUST BE FILED WITH THE APPLICATION.

1. Notice of Public Hearing: A public hearing prescribed by law requires legal advertisement in a newspaper of general circulation in the City or County at least ten days prior to the date of hearing. The applicant shall assume the cost of this advertisement and Hearing which is a Fee of \$100.00 payable to the Spencer County Plan Commission.
2. The applicant shall furnish the Board of Zoning Appeals a list of adjoining property owners along with their last known address and of all utilities within the permit area.
3. A plat showing the area in this application and the abutting parcels and the zoning of all parcels.
4. A plot drawn to Scale, if possible, and submitted in duplicate showing lot and parcel lines, existing structures, proposed locations of other structures, right-of-way lines of Streets and Alleys and other pertinent rights-of-way, and indicating thereon the Variance applied for in this application.
5. Plans for proposed structures, including floor plans and elevations.
6. If the applicant is not the owner of the affected property, the owner's notarized written permission must be submitted to the Board of Appeals.
7. Additional information as may be required by the Board.

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Permit Fee _____

Receipt No.: _____

APPLICATION FOR VARIANCE FROM THE REQUIREMENTS
OF THE ZONING APPEALS

SPENCER COUNTY BOARD OF ZONING APPEALS

Applicant: _____ Phone: _____

Address of Applicant: _____

Owner: _____ Address: _____

Premises Affected: Lot No. _____ in _____

Addition. Street No. _____ in _____

Other description: _____

Date Lot of Record: _____ Zoning Classification _____

Detailed Statement of Variance applied for and reasons necessitating Variance:

The above information and attached exhibits, to my knowledge and belief, are true and correct.

State of Indiana)
County of _____) SS: _____
APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My Commission Expires: _____.

Notary Public

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